



**POWER OF ATTORNEY
FOR RETIRED MEMBERS OR RECIPIENTS**

State Form 49613 (R / 11-06)
Approved by the State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Fax #: (317) 232-3882
Home page: www.in.gov/trf

INSTRUCTIONS:

1. Please **TYPE** or **PRINT**.
2. Please return to the *Indiana State Teachers' Retirement Fund* for verification and processing.

PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address, and signature. We will mail you the information.

MEMBER OR RECIPIENT INFORMATION

First name	Middle initial	Last name
TRF number (required)	Date of birth (month, day, year)	Date (month, day, year)
Address (number and street or P.O. box)		Home phone number ()
		Other phone number ()
City	State	ZIP code

ATTORNEY IN FACT POWERS

Pursuant to Indiana Code, section 30-5-4-1, I, _____, do hereby appoint

_____ as my attorney in fact to sign my name and conduct business on my behalf in

relation to the following transactions involving the Indiana State Teachers' Retirement Fund:

- Changing my mailing address
- Changing my designated beneficiaries with regards to my annuity savings account
- Changing my asset allocation directions with regards to the investment of my annuity savings account

Signature	Printed name
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NOTARY CERTIFICATE

State of _____

SS:

County of _____

Before me the undersigned, a Notary Public for _____ County,
Officer's county of residence

State of _____, personally appeared _____
Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 200__.

My commission expires: _____

(Signature) _____

Printed or typed name of officer

(SEAL)